	PLACE OF BIRTH				F272.
!	" Gela	ARIZO	NA STATE BO	PARD OF HEALTH	V
District o			VITAL STATISTICS	1.1	
f Town of	Hayden	ORIGINAL CERT	FIFICATE OF BIRTH	Care Index No.	••
g or				County Registrar No.	-
City of		No.		Local Registrar No. 36	-
2. Foll m	ume of child Alexand	(if bitti bepared in a	nospital or institution, giv	e its NAME instead of street and number	a )
	Child	car fun		j [f child is not yet named, mak supplemental report, as directed	e L
S. Ser of	To be answered ONL in event of plural	A 4. American district of o	ther 6. Legitimate	7. Date 201	
3 -/-/-/0	ll births.	) 5. No., in order of i	airth 4U	of birth Month day year	<b>-</b>
3.	PATHER	· ·	14.	MOTHER	
Full name	Robertinal	) June 10	Full maiden name		
<b>m</b> •	RCO	- poronia	- ju	and Tueline	
	Jauri place of abode)	ryden	15. Residence (Usual place of	abode)	
	mesident, give place and state	7-000	If nonresident, give	/ / / / / / / / / / / / / / / / / / / /	
10. Color		_	16. Color or race		
of Mu	Care 11. Age at last	Methoda 34	m		
NIGO 12. Birtho	1	(1ear)	Topolean	17. Age at last birthday 29 (Years)	
	lace (city or place)	Generaline	18. Birthplace (city or	place) Justul	•
	tate or country)	Cul	(State or country		
H 2 13. Occup	(XXXIII	1	19. Occupation	pour ory up	
≥ Nature	of industry		Nature of industry	I language.	
20. Number	of children of this mother	nelter	İ	1 To accord	
(Taken as of	time of block of shire to a con-	Born alive and now li	ving 5 21. Were	precautions taken against oph-	
	returning this chite.) / (c	) Stillbern	0 1	RECORDING TO	
I hereby cert	CERTIFICA	TE OF ATTENDING	PHYSICIAN OR MID	WIEGE	
<b>≥ :</b>			marine	WIFE* at 49.984m, on the date above states,	
When the midwife.	tere was no attending physician e ten the father, householder, etc. to this return. A stillborn chil neither breathes nor shown other	·]	Talive or stillborn.)	= (	
should mak	e this return. A stillborn chile neither breather nor shows other	Signature	40 han	James O. T.	
Given name	idded from birth,	) Address	Hayden.	Dhysician or mitwig	
a supplements	l report	Eura /	fail 6. 1025	43717.01	
<b>b</b> i	Month, day, year.			Local Begintrar,	
Z	Registrar,	Filed		***************************************	
		a 10	_	County Registrar.	
		110	310 - 179		,
			The state of the s		P